

**2017 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F15000003226

**Entity Name:** CURTISS HEALTHCARE, INC.

**Current Principal Place of Business:**

12085 RESEARCH DRIVE  
BOX CHC-210  
ALACHUA, FL 32615

**Current Mailing Address:**

12085 RESEARCH DRIVE  
BOX CHC-210  
ALACHUA, FL 32615 US

**FEI Number:** 47-4563237

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CAROLINE KRIZ

01/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name BIGGER, THOMAS  
Address 10360 SW 39TH PLACE  
City-State-Zip: GAIENSVILLE FL 32608

Title D  
Name BIGGER, THOMAS  
Address 10360 SW 39TH PLACE  
City-State-Zip: GAIENSVILLE FL 32608

Title CSOD  
Name CURTISS, ROY  
Address 10360 SW 39TH PLACE  
City-State-Zip: GAIENSVILLE FL 32608

Title S  
Name GEFFEN, LEWIS J  
Address ONE FINANCIAL CENTER  
City-State-Zip: BOSTON MA 02111

Title T  
Name BIGGER, THOMAS  
Address 10360 SW 39TH PLACE  
City-State-Zip: GAIENSVILLE FL 32608

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS BIGGER

CEO

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date